

FILED  
RECEIVED  
U.S. DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
MAIL

DEC 22 2008

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

AT SEATTLE  
CLERK U.S. DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
DEPUTY

Mohammed, MUSE ALI

(Name of Plaintiff)

vs.

OFFICER Aaron P. Johnson

OFFICER Darryl M. Ambrosio

OFFICER [unclear]

(Names of Defendants)

C 08-1833 JCC MAT

CIVIL RIGHTS COMPLAINT  
BY A PRISONER UNDER 42  
U.S.C. § 1983

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner:

Yes  No

B. If your answer to A is yes, how many: \_\_\_\_\_ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (give name of District)

3. Docket Number

4. Name of judge to whom case was assigned

5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit

7. Approximate date of disposition

## II. Place of Present Confinement:

King County JailA. Is there a prisoner grievance procedure available at this institution?  Yes  No

B. Have you filed any grievances concerning the facts relating to this complaint?

 Yes  NoIf your answer is NO, explain why not there is not a grievance procedure available for the Seattle Police Dept.I did file a complaint with the City of Seattle.C. Is the grievance process completed?  Yes  NoIf your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

## III. Parties to this Complaint

# 208028253

A. Name of Plaintiff: Mohammed, Muse Ali Inmate No.: \_\_\_\_\_Address: 500 5<sup>th</sup> ave Seattle, wa 98104

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

B. Defendant Aaron P. Johnson; official position police officer; place of employment Seattle Police Dept.

C. Additional defendants Officer Darryl M. Ambrosio  
and Officer Tharp.

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

On 7-24-2008 at approx. 12:30 in the morning at 2468 College St. # C Seattle, WA 98101 I was located at this residence in a back bed-room and I heard a loud bang no-person knocked on the door or rang the door bell the door kicked in. 2 people entered the room and told me to lay on the floor I complied and layed on the floor they said, they were police officers and I put my hand behind my back and they put handcuffs on me then officer Aaron P. Johnson kicked me in my right hip. then kneaded my back, then the officer struck me 4 times in the face and ribs, knocking me unconscious.

I Did not regain consciousness until I was picked up by another officer I do not know what agency and brought me to the King County Jail. This is a Direct violation of my 4th and 14th amendments and these officer act under the Code and Color of the Shield of the State of Washington acted in excessive and violent manner, and I was arrested unlawfully and falsely Imprisoned! These officers Did not have a Search warrant or a warrant for my person. This is under penalty of perjury under the laws of the United States of America.

Mohammed, mohamed

12-16-08

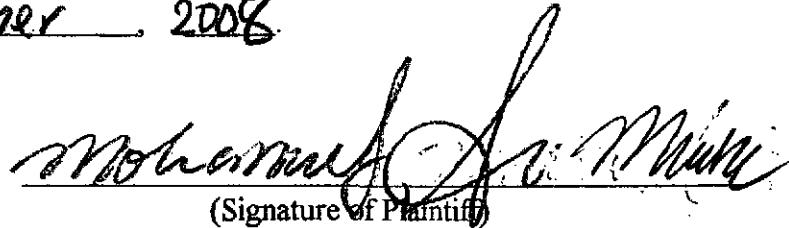
V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

I am asking the court to award me damages in the amount of 100 million dollars in actual damages and another 75 million in punitive damages.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of December, 2008

  
(Signature of Plaintiff)

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <i>Mohammed Muse Ali</i>	COURT CASE NUMBER
DEFENDANT <i>Officer Aaron P. Johnson</i>	TYPE OF PROCESS <i>285</i>
SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<i>Mohammed Muse Ali 500 5th Ave Seattle, WA 98104</i>	
Number of process to be served with this Form 285 <i>285</i>	
Number of parties to be served in this case <i>3</i>	
Check for service on U.S.A. <i>Yes</i>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *This is to be served between the hours of 9am to 5 pm Mon-Fri* Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Mohammed, Muse Ali</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <i>619-549-2652</i>	DATE <i>12-16-08</i>
<input type="checkbox"/> DEFENDANT			

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:	
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PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER	
<i>Mohammed Muse Ali</i>		
DEFENDANT	TYPE OF PROCESS	
<i>Officer Darryl M. Ambrosio</i>		<i>285</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
<i>Mohammed Muse Ali 500 5B ave Seattle, WA 98104</i>		<i>285</i>
		Number of parties to be served in this case
		<i>3</i>
		Check for service on U.S.A.
		<i>yes</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

*This is to be served between the hours  
of 9am to 5pm mon - fri*

Signature of Attorney other Originator requesting service on behalf of: *Mohammed Muse Ali*

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

*619-549-2652 12-16-08*

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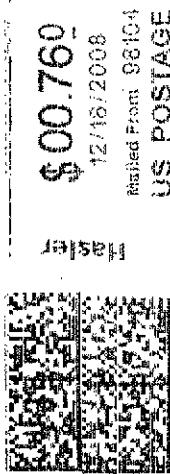
Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address ( <i>complete only different than shown above</i> )	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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Name: Mohammed Musse Ali  
Bkg. # 2080287253  
King County Correctional Facility  
500 Fifth Avenue  
Seattle, WA 98104-2332



Clerk, U.S. District Court  
U.S. Courthouse, lobby Level  
700 Stewart Street  
Seattle, WA 98101-1271

L.S.G.  
M.P.J.L.